

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 100 Indiana Avenue, N.W.			Amount 450.07		
City Washington State DC Zip Code 20001		Transaction ID : D540416 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
10869.66					
Full Name of Payee Voices of the American Federation of Government Employees			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 80 F Street, NW			Amount 65.40		
City Washington State DC Zip Code 20001		Transaction ID : D540437 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014			
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
24692.56					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			515.47		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Elizabeth H Shuler			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>		
			[Electronically Filed]		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014 </div>	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">96.23</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540438 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>
Purpose of Expenditure Inkind Staff Travel	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>		
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10869.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.67</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D540445 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>
Purpose of Expenditure Inkind Staff Travel	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>		
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10869.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">97.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 23 / 2014	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 80 F Street, NW		Amount 65.40	
City Washington	State DC	Zip Code 20001	Transaction ID : D540447
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		24692.56	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 80 F Street, NW		Amount 154.39	
City Washington	State DC	Zip Code 20001	Transaction ID : D540448
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		10869.66	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	219.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287																													
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>9</td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>2</td><td>3</td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td><td></td><td></td></tr> </table>		M	M		0	9		D	D		2	3		Y	Y	Y	Y					2	0	1	4				
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Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>2</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td><td></td><td></td></tr></table>		M	M		0	9		D	D		2	1		Y	Y	Y	Y					2	0	1	4				
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Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>2</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td><td></td><td></td></tr></table>		M	M		0	9		D	D		2	1		Y	Y	Y	Y					2	0	1	4				
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Mailing Address 815 - 16th Street, NW			Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>2</td><td>68</td></tr></table>																2	68												
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City Washington	State DC	Zip Code 20006	Transaction ID : D540455 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>2</td><td>1</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td><td></td><td></td></tr></table>		M	M		0	9		D	D		2	1		Y	Y	Y	Y					2	0	1	4				
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Purpose of Expenditure Walk Packets		Category/ Type 004																														
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI																													
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>2</td><td>8857.35</td></tr></table>																2	8857.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>5</td><td>36</td></tr></table>															5	36
						5	36										
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																

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Ms. Elizabeth H Shuler

[Electronically Filed]

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 23 / 2014	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 3.58	
City Washington	State DC	Zip Code 20006	Transaction ID : D540456
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		24692.56	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 3.58	
City Washington	State DC	Zip Code 20006	Transaction ID : D540461
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		24692.56	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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		09 / 23 / 2014	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 5.83	
City Washington	State DC	Zip Code 20006	Transaction ID : D540464
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		10869.66	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 23.33	
City Washington	State DC	Zip Code 20001	Transaction ID : D540466
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		10869.66	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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PAGE 7 OF 13
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		MM / DD / YYYY	MM / DD / YYYY
		09 / 23 / 2014	

Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 2342 Industrial St.		Amount 35.98	
City Grayling	State MI	Zip Code 49738	Transaction ID : D540468
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		28857.35	

Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 2342 Industrial St.		Amount 35.98	
City Grayling	State MI	Zip Code 49738	Transaction ID : D540470
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		28857.35	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.96
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 23 / 2014</div> </div>	

Full Name of Payee Colorado AFL-CIO L2K			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2014 </div>		
Mailing Address 140 Sheridan Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 223.74 </div>		
City Denver	State CO	Zip Code 80226	Transaction ID : D540474 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2014 </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate MARK E UDALL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10869.66 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2014 </div>		
Mailing Address 1625 L Street, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 262.11 </div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D540475 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2014 </div>		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Name of Federal Candidate GARY PETERS		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 28857.35 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 485.85 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 485.85 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 23 / 2014	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1625 L Street, NW		Amount 28.12	
City Washington	State DC	Zip Code 20036	Transaction ID : D540476
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1625 L Street, NW		Amount 179.66	
City Washington	State DC	Zip Code 20036	Transaction ID : D540478
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	207.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 23 / 2014	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Mailing Address 1625 L Street, NW		Amount 28.12	
City Washington	State DC	Zip Code 20036	Transaction ID : D540480
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		28857.35	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 596.92	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540417
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		24692.56	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	625.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 23 / 2014	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 347.88	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540423
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 24692.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 596.92	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540428
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought 24692.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	944.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 193.82	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540429
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 28857.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 49.50	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540432
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 28857.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	243.32
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 23 / 2014	

Full Name of Payee USW Works		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Mailing Address FIVE GATEWAY CENTER		Amount 347.88	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D540434
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24692.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	347.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	3801.47

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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